

INTISARI

Latar Belakang: Hipospadia merupakan kelainan kongenital yang sering ditemukan pada anak laki-laki dan umumnya ditangani dengan operasi. Selepas operasi, pembalutan dengan bebat tekan sering digunakan untuk mencegah hematoma dan edema, meskipun manfaatnya masih diperdebatkan. Beberapa penelitian menunjukkan bahwa balutan tanpa tekanan pasca hipospadia dapat meningkatkan kenyamanan dengan risiko komplikasi yang komparabel.

Metode: Penelitian retrospektif menggunakan sampel pada 163 pasien anak laki-laki yang menjalani operasi hipospadia (*chordectomy* dan *urethroplasty*) selama periode 2023–2025 di RSUP Dr. Sardjito Yogyakarta. Data dikumpulkan melalui rekam medis termasuk karakteristik pasien, jenis pembalutan, diversifikasi urin dan komplikasi pasca operasi. Analisis statistik dilakukan untuk membandingkan kedua kelompok menggunakan uji *chi-square*.

Hasil: Dari 163 sampel (73 pasien dengan bebat tekan dan 90 pasien tanpa bebat tekan) tidak terdapat perbedaan karakteristik berdasarkan usia, klasifikasi hipospadia antara kedua kelompok ($p > 0.05$). Subjek tanpa bebat tekan mengalami komplikasi (24.4%) lebih sedikit dibandingkan bebat tekan (34.2%), namun secara statistik tidak menunjukkan perbedaan signifikan $p = 0.170$. Pada sub-analisis berdasarkan klasifikasi hipospadia tipe glanular, distal, proksimal, dan perineal didapatkan kelompok bebat tekan memiliki angka komplikasi lebih tinggi (27.3%, 48.4%, 11.1%) namun secara statistik tidak berbeda secara signifikan ($p > 0.05$).

Kesimpulan: Penggunaan *balutan* tanpa bebat tekan pasca operasi hipospadia (*chordectomy* dan *urethroplasty*) tidak menunjukkan perbedaan yang signifikan terhadap angka komplikasi pascaoperasi dibandingkan kelompok bebat tekan. Meskipun kelompok dengan bebat tekan cenderung memiliki insidensi komplikasi lebih tinggi, hasil ini tidak bermakna secara statistik. Temuan ini menunjukkan bahwa penggunaan *balutan* tanpa bebat tekan sama efektifnya dengan bebat tekan.

Kata Kunci: Hipospadia, tanpa bebat tekan, komplikasi

ABSTRACT

Background: Hypospadias is a common congenital anomaly in male children, typically managed through surgical repair. Postoperatively, compressive dressings are often applied to prevent hematoma and edema, although their benefits remain controversial. Several studies suggest that compression may increase discomfort and the risk of complications. However, data regarding its effect on pain levels, particularly in children, remain limited.

Methods: This retrospective study included 163 male pediatric patients who underwent hypospadias surgery (chordectomy and urethroplasty) between 2023 and 2025 in RSUP Dr. Sardjito Yogyakarta. Data were collected from medical records, including patient characteristics, type of dressing, urinary diversion, and postoperative complications. Statistical analysis was performed using the chi-square test to compare both groups.

Results: Of the 163 patients (73 compressive dressings, 90 non-compressive dressings), there were no significant differences in age or hypospadias classification between the groups ($p > 0.05$). Patients without compressive dressings experienced fewer complications (24.4%) compared to those with compressive dressings (34.2%), although the difference was not statistically significant ($p = 0.170$). Subgroup analysis based on hypospadias classification (glanular, distal, proximal, and perineal) showed higher complication rates in the compressive dressing group (27.3%, 48.4%, 11.1%), but these differences were also not statistically significant ($p > 0.05$).

Conclusion: The use of non-compressive dressings after hypospadias surgery (chordectomy and urethroplasty) showed no significant difference in postoperative complication rates compared to compressive dressings. Although the compressive dressing group tended to have a higher incidence of complications, the difference was not statistically significant. These findings suggest that non-compressive dressings are equally effective as compressive dressings.

Keywords: Hypospadias, non-compressive dressing, complication